

Adult Care Facility Critical Repair Funding Pre- Application Instructions

Submission of Pre-Application Instructions

Pre-Applications are Due to ODMH by 5:00pm on April 18, 2012.

Instructions for Submission of Pre-Application:

- Submission of the pre-application is required in order to be considered for funding, but does not guarantee that funding will be received.
- All pre-applications must be submitted by hand delivery, US mail, or other courier to the address set forth below, or submitted electronically via e-mail to ACFrepairgrant@mh.ohio.gov , and received at ODMH by the deadline noted above, 5:00 p.m. on April 18, 2012.
- Incomplete or late submissions will not be considered. The risk of delay or failure of delivery rests with the applicant.
- All pre-applications must be submitted utilizing the Pre-Application form, attached. All pre-application sections on the form must be completed, and copies of contractor estimates and pictures and/or lab/test results documenting the repair need must be properly labeled and included with the pre-application at time of submission. ODMH will not accept incomplete pre-applications or attachments after the pre- application has been submitted.
- Total funding request, per facility, must be at least \$1,500 and no more than \$10,000.
- If applying for funds for more than one facility, each facility must have a separate pre-application.
- Provide a written scope of work for each repair. Scope of Work should include a specific description of what needs to be repaired, replaced, or corrected, square footage of area of repairs, the type of material, product or model number needed for installation, with warranty requirements (as applicable). Photos and/or lab/test results for each area for which repair funds are requested must be labeled and included with the pre-application.
- Applicant must indicate how cost estimates for the repair were generated or obtained.
- ALL attachments MUST be clearly labeled to reflect the identified item in which funding is requested.
- Where to Send Application:

Attention: Roma Barickman
Ohio Department of Mental Health
30 E. Broad St., #1160
Columbus, OH 43215-3430
E-mail: ACFrepairgrant@mh.ohio.gov

Name of Adult Care Facility: _____

**Adult Care Facility Critical Repair Grant
Pre- Application**

Name of Facility (as on license)	
Street Address	
City, State, Zip Code	
Applicant/Owner of Facility	
Operator of Facility (if different than owner)	
Contact Person Name	
Street Address	
City, State, Zip Code	
County	
Home Phone	
Work Phone	
Cellular Phone	
Email Address	
Number of Years in Service as Licensed ACF	
Number of Beds in Facility	
Number of Beds Currently Occupied	
Number of residents with income below \$14,000 per year	



Category of Repair	Description and Examples – see Section III of Funding Announcement for more detail
Structural Defects	Unsound/hazardous conditions of walls/ceilings/floors; inoperable or hazardous doors and windows; loose/broken steps; termite damage; hazardous ingress/egress; buckling/sagging roof or decayed eaves/soffits; foundation structural defects
Electrical Hazards	Defective wiring; fixtures with inadequate support; cracked outlets; defective electric panel boxes; overloaded circuits
Heating and Plumbing Defects	Inoperative or defective heating system; improper installation of equipment; defective water supply or piping; unclean water; absence of required safety features or lack of necessary shielding of hot water heater
Installation or Repair of Safety features	e.g. Grab bars; hand rails; fire escapes
Remediation of friable asbestos, radon, lead paint, or mold	The need for remediation must be supported by lab or test results identifying the condition and the scope of remediation.

Eligible Applicants may apply for funding to address up to five repair projects within one or more of these categories.

Applicants must prioritize the repairs for which funding is requested based upon the level of severity of the repair need as it impacts facility safety.

Once pre-applications are received and reviewed, ODMH may prioritize specific categories of repairs to be considered for funding based upon the factors set forth in the Funding Announcement.

Funding will not be awarded for repairs unless the facility, with repairs, is expected to remain safe and habitable for use as a licensed ACF for at least five years.

Narrative for Funding Request:

Please describe in detail EACH eligible repair for which funds are requested: EACH Priority should contain:

1. A **detailed description of the problem**, and
2. An explanation of **how addressing this problem will assist in keeping the facility safe and adequate for use as a licensed ACF for at least five years.**

Prioritize the listed repairs with regard to the level of severity as it impacts facility safety, and sustainability.

You may identify up to five repair projects for which you are requesting funds.

Use additional space if needed.

Priority #1:

Priority #2:

Name of Adult Care Facility: _____

Priority #3:

Priority #4:

Priority #5:

Name of Adult Care Facility: _____

Narrative for Building Repairs				

Total Amount Requested: \$ _____ (minimum=\$1,500; maximum=\$10,000)

Copies of contractor estimates for repair and pictures and/or lab/test results of area needing repair must be labeled and submitted with this pre-application.

Name of Adult Care Facility: _____

Summary of Repair History and Needs:

Please provide a summary of all of the repair needs at this facility, and provide a review of significant repairs that have been completed in the past five years, as well as an explanation of any existing or imminent repair concerns that will not be addressed with this funding.

[Empty text box for providing a summary of repair history and needs.]



By submitting this application, I affirm the following:

- I am the owner of the facility for which repair funds are requested.
- The facility has a current and valid license with the Ohio Department of Mental Health pursuant to ORC § 5119.73 – no order to deny, revoke, or refuse to renew the facility’s license has been issued, no order suspending admission of new residents has been issued pursuant to ORC § 5119.74, and there is no pending civil penalty pursuant to ORC § 5119.76.
- The facility has been operated as a licensed ACF for at least the past three years, as of January 31, 2012.
- To the best of my knowledge, the funds requested are for eligible repairs and are based upon reasonable cost estimates.
- If approved to receive funds, I will follow all guidelines as described in the Funding Announcement and other ODMH communications, including bidding requirements, permit requirements, etc.
- I agree to cooperate and comply with inspection requirements.
- If approved to receive funds, I agree to enter into a funding agreement with ODMH and to execute and record a deed restriction on the property to ensure use of the facility as a licensed ACF for at least five years after completion of the funded repairs. I acknowledge that I am responsible for the costs of recording the deed restriction.
- I understand that ODMH reserves the right to reject, in whole or in part, any and all pre-applications where the department, taking into consideration factors including, but not limited to, cost and the results of the inspection and bid process, has determined that the award would not be compatible with the intent of the program.

Name (printed)	
Signature	
Date	